

Carver, Beverley (DEQ)

From: Carver, Beverley (DEQ)
Sent: Monday, August 03, 2015 9:35 AM
To: Mike Baker (mbaker@holtzmancorp.com)
Subject: Mauzy Liberty LLC, VPDES Permit No. VA0090794, Rockingham County

August 3, 2015

Mike Baker
Environmental Manager
Mauzy Liberty, LLC
PO Box 8
Mount Jackson, Virginia 22842

Dear Mr. Baker:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next month.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Bev Carver
Water Permit Writer

Beverley W. Carver
Water Permit Writer Senior
Department of Environmental Quality
Valley Regional Office
4411 Early Road, Harrisonburg, VA
Phone: (540) 574-7805 FAX: (540) 574-7878
email: Beverley.Carver@deq.virginia.gov
web: www.deq.virginia.gov
Mail: P.O. Box 3000, Harrisonburg, VA 22801

MEMORANDUM
DEPARTMENT OF ENVIRONMENTAL QUALITY
VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0090794, Mauzy Liberty, Rockingham County
TO: PP File
FROM: Bev Carver
DATE: August 3, 2015

The application was due by May 4, 2015. The application was originally received on April 22, 2015 and was peer reviewed on May 26, 2015.

State Corporation Commission (SCC) Check

The existing permit is issued to Holtzman Family L.P. and this was the owner listed on the original application. This owner is not currently registered with the SCC. In an email dated May 27, 2015, the permittee indicated that the owner of the permit should be Mauzy Liberty LLC which is currently registered with the SCC.

The application contained numerous other deficiencies and was not signed by the principal executive officer. A site visit was completed on July 22, 2015 to go over the application package. The application was resubmitted on July 24, 2015 and July 28, 2015. The application was deemed complete on August 3, 2015.

Reviewer Concurrence: DMJ, 5/26/15

JUL 24 2015

Nature of Business:

To: _____

Date: _____

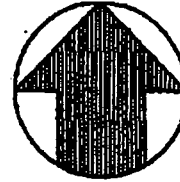
Mauzy Liberty, LLC operates a retail fueling facility located in Rockingham County adjacent to Interstate 81 at the Broadway/Mauzy exit 257. The facility rests on a 4.17 acre lot and provides fuel, convenience store and restaurant facilities to patrons 24 hours a day. Approximately 17% of the facility is maintained as grass or has been landscaped. Fuel is dispensed from three Underground Storage Tanks via nine dispenser pumps located on the site. The UST's consist of one 20,000 gallon tank of premium unleaded, one 8,000 gallon tank of diesel, and one 4,000 gallon tank of diesel.

A trench drain around the fuel islands directs incidental storm water and spills to an onsite oil water separator followed by an oil water separator filter. Water from the oil water separator filter is directed to the Final Discharge Pump Tank.

Sanitary wastewater from the convenience store and restaurant is treated at an onsite sewage treatment plant. The discharge from the sewage treatment plant is monitored and flow is recorded at Outfall 001 prior to discharge to the Final Discharge Pump Tank.

Wastewater from the Final Discharge Pump Tank is pumped via pipeline to Smith Creek.

To: _____
Date: _____

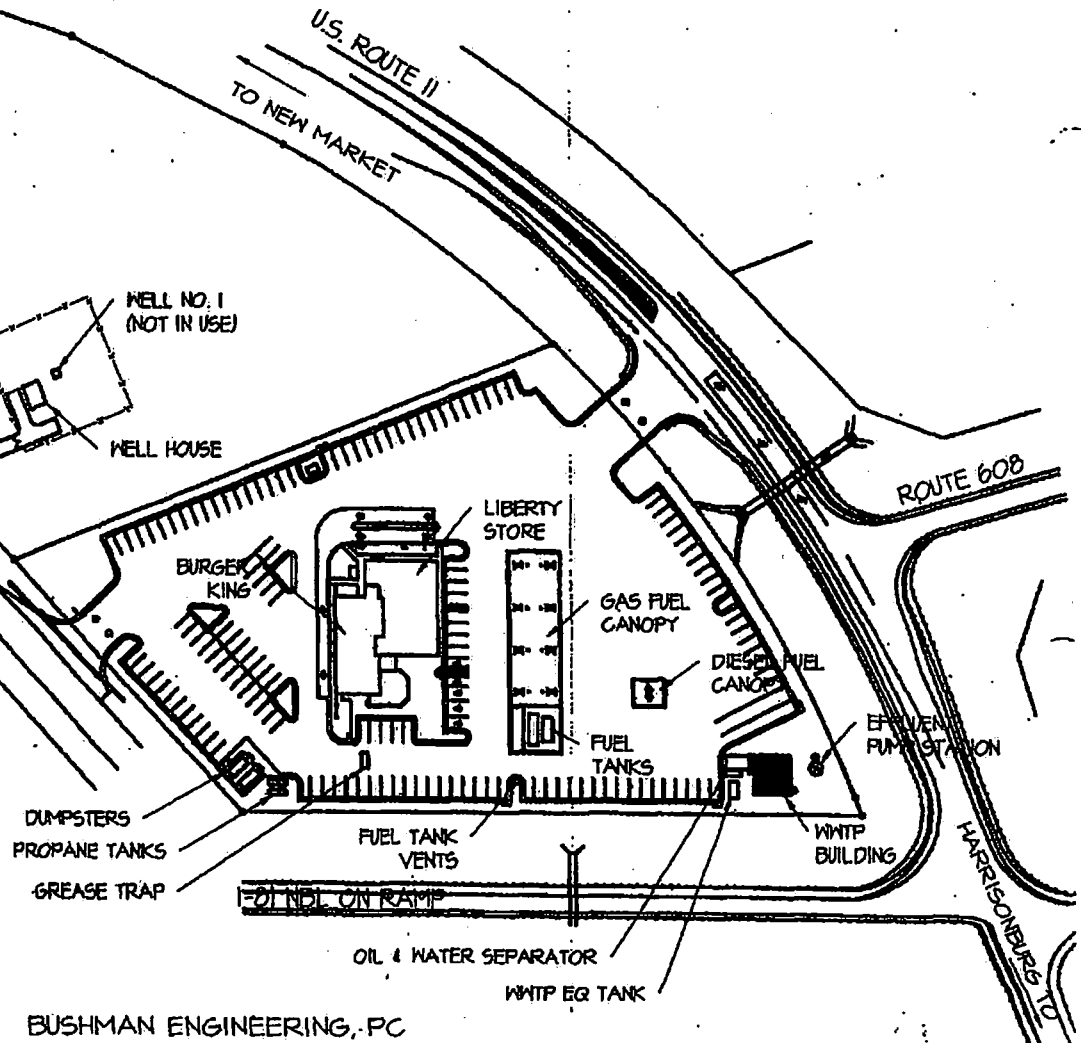


DEQ VALLEY

JUL 24 2015

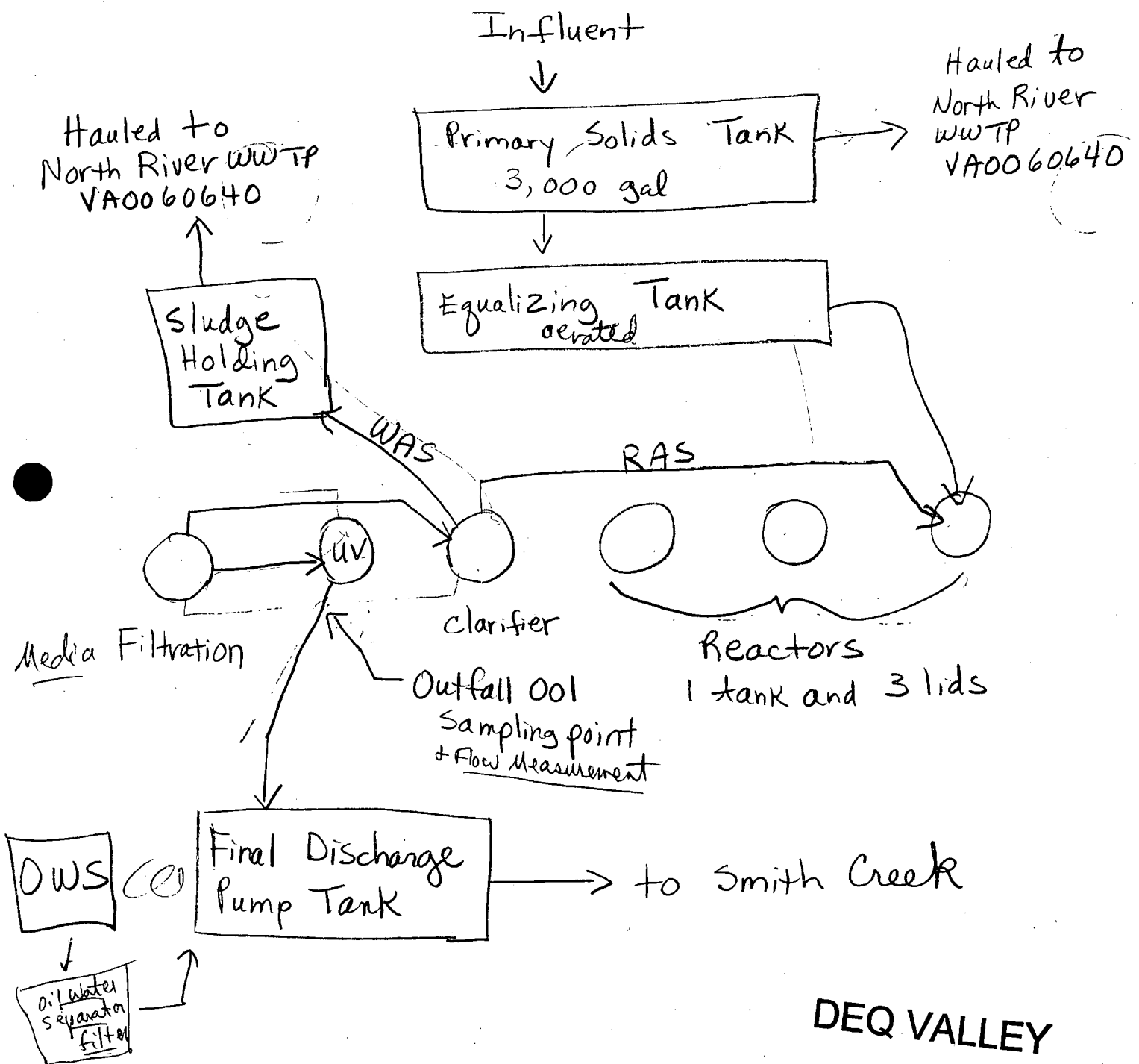
To: _____
Date: _____

HOLTZMAN OIL COMPANY
MAUZY LIBERTY/BURGER KING
FACILITY PLAN
ROCKINGHAM COUNTY, VIRGINIA
10/6/06



BUSHMAN ENGINEERING, PC

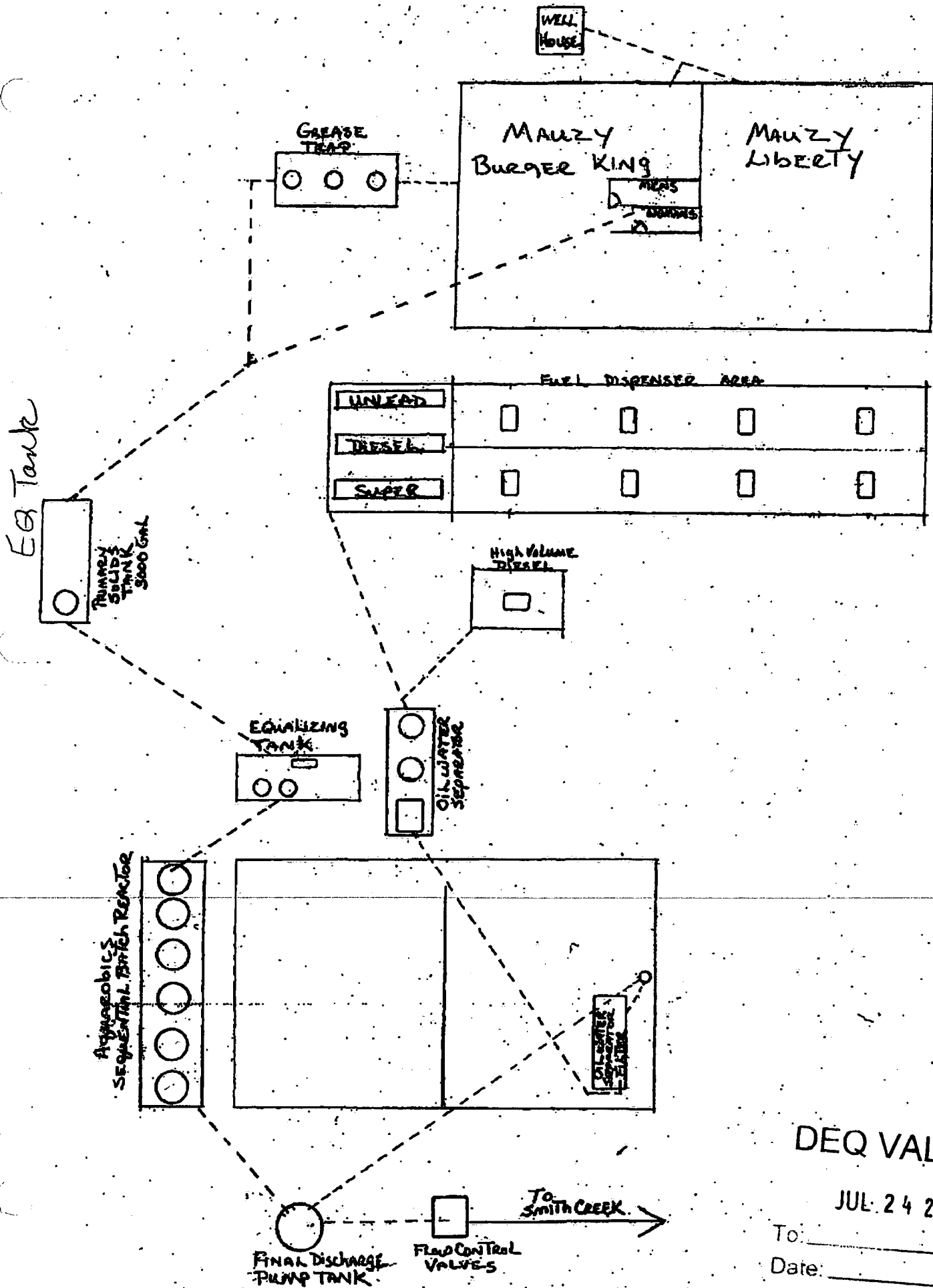
Mauzy Liberty LLC (VA0090794)
Diagram of Water Flow Through WWTF



DEQ VALLEY

JUL 24 2015

To: _____
Date: _____



DEQ VALLEY

JUL 24 2015

To: _____
Date: _____

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: Mauzy Liberty STP
Permit Number: VA0090794
Owner Name: Mauzy Liberty, LLC
Owner Address: PO Box 8
Mount Jackson, Virginia 22842
Billing Contact Name: Mike Baker
Title: Environmental Manager
Phone Number: (540)477-3131
E-Mail Address: mbaker@holtzmancorp.com

DEQ VALLEY

JUL 24 2015

To: _____
Date: _____

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Daily News Record in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Mauzy Liberty, LLC

Owner: Mauzy Liberty, LLC

Agent/Department Address: PO Box 8

Mount Jackson, Virginia 22842

Agent's Telephone No.: (540)477-3131

Printed Name: Mike Baker, Environmental Manager

Authorizing Agent – Signature: 

Date: 7-22-15

Facility Name: Mauzy Liberty STP

VPDES Permit No. VA 0090794

DEQ VALLEY

JUL 24 2015

To: _____

Date: _____

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Mauzy Liberty, LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. **Is this facility located within city or town boundaries?** ☒ YES ☐ NO
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 67-A-L11
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** none
5. **ALL FACILITIES: What is the design average flow of this facility?** 0.006 MGD
Industrial facilities: What is the maximum 30-day avg. production level (include units)? NA

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☐ YES ☒ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: NA

Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**
sewage treatment plant serving the Mauzy Liberty retail fueling facility in Rockingham County
- 100 % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities: ☒ 0 ☐ 1-49 ☐ 50 or more
- 0 % of flow from non-domestic connections/sources
7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:
The STP system discharges automatically by treatment cycle and the cycle frequency is 1/Day
8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

DEQ VALLEY

JUL 24 2015

To: _____

Date: _____

9. **Consent to receive electronic mail**
The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.
Please provide email: mbaker@holtzmancorp.com

☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:****All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.****A.1. Facility Information.**Facility name Mauzy Liberty STPMailing Address PO Box 8
Mount Jackson, Virginia 22842Contact person Mike BakerTitle Environmental ManagerTelephone number (540)477-3131Facility Address 10935 North Valley Pike
(not P.O. Box) Broadway, Virginia 22815**A.2. Applicant Information.** If the applicant is different from the above, provide the following:Applicant name same as above

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant**DEQ VALLEY****JUL 24 2015**

To: _____

Date: _____

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES VA0090794

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

Burger King sanitary wwunknownSeparatePrivate7-II sanitary ww

Total population served unknown

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.006
- mgd

Two Years AgoLast YearThis Year

- b. Annual average daily flow rate
- submitted
- submitted
- submitted
- mgd

- c. Maximum daily flow rate
- submitted
- submitted
- submitted
- mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer 0 %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: Annual average daily volume discharged to surface impoundment(s) mgdIs discharge continuous or intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: Number of acres: Annual average daily volume applied to site: MgdIs land application continuous or intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

DEQ VALLEY

JUL 24 2015

To:
Date:

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

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OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

____ Yes

____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____

continuous or _____

intermittent?

DEQ VALLEY

JUL 24 2015

To: _____

Date: _____

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Broadway 22815
(City or town, if applicable) (Zip Code)
Rockingham 22842
(County) (State)
38 33 25 78 43 55
(Latitude) (Longitude)
- c. Distance from shore (if applicable) NA ft.
- d. Depth below surface (if applicable) NA ft.
- e. Average daily flow rate submitted mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: 12
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Smith Creek
- b. Name of watershed (if known) Smith Creek
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

DEQ VALLEY

JUL 24 2015

To: _____
Date: _____

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal >85 %
 Design SS removal >85 %
 Design P removal NA %
 Design N removal NA %
 Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV

If disinfection is by chlorination, is dechlorination used for this outfall? ☐ Yes ☐ No

- d. Does the treatment plant have post aeration?

☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	submitted	s.u.			
pH (Maximum)	submitted	s.u.			
Flow Rate	submitted				
Temperature (Winter)	submitted				
Temperature (Summer)	submitted				

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	submitted					
	CBOD-5						
FECAL COLIFORM	E. coli data	submitted					
TOTAL SUSPENDED SOLIDS (TSS)	submitted						

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

DEQ VALLEY

JUL 24 2015

To:

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

DEQ VALLEY

Mailing Address: _____

JUL 24 2015

Telephone Number: _____

To: _____

Responsibilities of Contractor: _____

Date: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
- _____

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: Not required.

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

DEQ VALLEY**JUL 24 2015**

To: _____

Date: _____

FACILITY NAME AND PERMIT NUMBER:

Mauzy Liberty STP VA0090794

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title William B. Holtzman, PresidentSignature Telephone number (540)477-3131Date signed 7-22-15

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:**DEQ VALLEY****JUL 24 2015**

To: _____

Date: _____

**VPDES General Permit for Industrial Activity Stormwater Discharges (VAR05)
Registration Statement**

(Please Type or Print All Information)

1a. Facility Owner

Name: Mauzy Liberty, LLC

Mailing Address: PO Box 8

City: Mount Jackson State: VA Zip: 22842 Phone: (540)477-3131

E-Mail Address (where available): mbaker@holtzmancorp.com

1b. Operator Applying For Permit Coverage (if different than "1a")

Name: same as above

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail Address (where available): _____

2. Facility Information

Facility Name: Mauzy Liberty STP

Street Address: 10935 North Valley Pike

City: Broadway State: VA Zip: 22815 FAX Number: To: _____

County Name: Rockingham Date: _____

Contact Name: Mike Baker Phone: (540)477-3131

E-Mail Address (where available): mbaker@holtzmancorp.com

3. Nature of business (provide a brief description): retail fueling facility adjacent to I-81 at the Broadway/Mauzy exit 257.

4. Names of the receiving waters for all industrial activity discharges: Smith Creek, UT

5. Are any of the discharges through a municipal separate storm sewer system (MS4)? Yes ☐ No ☒

If "yes", provide the name of the MS4 owner: NA

Note: Permit Special Condition 13 requires the permittee to notify the MS4 owner in writing of the existence of the discharge within 30 days of coverage under this permit. The notification must include the following information: the name of the facility, a contact person and phone number, the location of the discharge, the nature of the discharge, and the facility's VPDES general permit registration number. DEQ must be copied with the notification.

6. Permit Numbers for any existing VPDES permits assigned to the facility: VA0090794

7. For a new facility, a facility previously covered by an expiring individual permit, or an existing facility not currently covered by a VPDES permit, has a SWPPP been prepared? Yes ☒ No ☐

8. Identify up to four 4-digit Standard Industrial Classification (SIC) Codes or 2-letter Industrial Activity Codes that best represent the principal products or services rendered by the facility and major co-located activities.

The 2-letter Industrial Activity Codes are: HZ - hazardous waste treatment, storage, or disposal facilities; LF - landfills/disposal facilities that receive or have received any industrial wastes; SE - steam electric power generating facilities; or, TW - treatment works treating domestic sewage.

4-Digit SIC Codes or 2-letter Industrial Activity Codes: 5 5 4 1

DEQ VALLEY

JUL 24 2015

9. Attach a list identifying all the applicable industrial sectors that cover the stormwater discharges from the industrial activities at the facility, and from major co-located industrial activities that will be covered under this permit (see instructions). Also identify the stormwater outfalls associated with each identified sector.

In addition to attaching the list, answer the questions below as they apply to the facility's discharges:

- a. For landfills (Sector L), indicate the type of landfill: NA
- b. For timber products operations (Sector A), indicate which outfalls (if any) receive discharges from wet decking areas: NA
- c. For all facilities, indicate which outfalls (if any) receive discharges from coal storage piles: NA
- d. For asphalt paving and roofing materials manufacturers (Sector D), indicate which outfalls (if any) receive discharges from asphalt paving and roofing emulsions production areas: NA
- e. For cement manufacturing facilities (Sector E), indicate which outfalls (if any) receive discharges from material storage piles: NA
- f. For (Sector N) scrap recycling/waste recycling facilities that receive only source-separated recyclable materials, indicate which outfalls (if any) receive discharges from this activity. Also list the metals that are received (if any). NA
- g. For primary airports (Sector S), list the average deicing season, and indicate which outfalls (if any) receive discharges from deicing of non-propeller aircraft, and the annual average departures of non-propeller aircraft. NA

10. Facility area information. List the total area of the facility (in acres), the area of industrial activity at the facility (in acres), the total impervious area of the industrial activity at the facility (in acres), and the area (in acres) draining to each industrial activity outfall at the facility. The facility rests on a 4.17 acre lot.

Approximately 17% of the facility is maintained as grass or has been landscaped.

11. Attach the following maps to the registration statement:

- a. General location map. A USGS 7.5 minute topographic map, or other equivalent computer generated map, with sufficient resolution to clearly show the location of the facility and the surrounding locale; and
- b. Site map. A map showing the property boundaries, the location of all industrial activity areas, all stormwater outfalls, and all water bodies receiving stormwater discharges from the site.

12. Is this a new facility that commenced construction after June 30, 2014, located in the Chesapeake Bay watershed, and applying for first time general permit coverage? (see instructions) Yes ☐ No ☒

If "yes", attach the required documentation (see instructions).

13. Certification: "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Print Name: William B. Holtzman

Title: President

Signature: [Signature]

Date: 7-27-15

DEQ VALLEY

14. Would you like your permit sent to you electronically? Yes ☒ No ☐

JUL 24 2015

If "Yes", please list the email address to send it to: mbaker@holtzmancorp.com

To: _____

Date: _____

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____

Date: _____

Basin _____

Stream Class _____

Section _____

Special Standards _____

DEQ VALLEY

Antidegradation Checked? Y ☐ N ☐

Impaired Waters Discharge? Y ☐ N ☐

TMDL approved? Y ☐ N ☐

JUL 28 2015

To: _____

Date: _____

Description of Storm Water Management at Mauzy Liberty, LLC:

Attached is a site map indicating storm water drainage flow. Storm water is first directed towards 4 areas with drop inlets which will capture any large trash. Storm water then flows into an underground Storm Receptor which captures silt and gravel. The Storm Receptor is cleaned out once per quarter. After leaving the Storm Receptor, storm water goes to an Underground Water Retention System. The Underground Waste Retention System is a pond with egg crates and #57 stone encased in filter fabric. Storm water from the underground pond is released slowly through rip rapt across Route 11 to a box culvert. From the box culvert storm water is discharged to an unnamed tributary to Smith Creek.

DEQ VALLEY

JUL 24 2015

To: _____

Date: _____

Mauzy Liberty, LLC

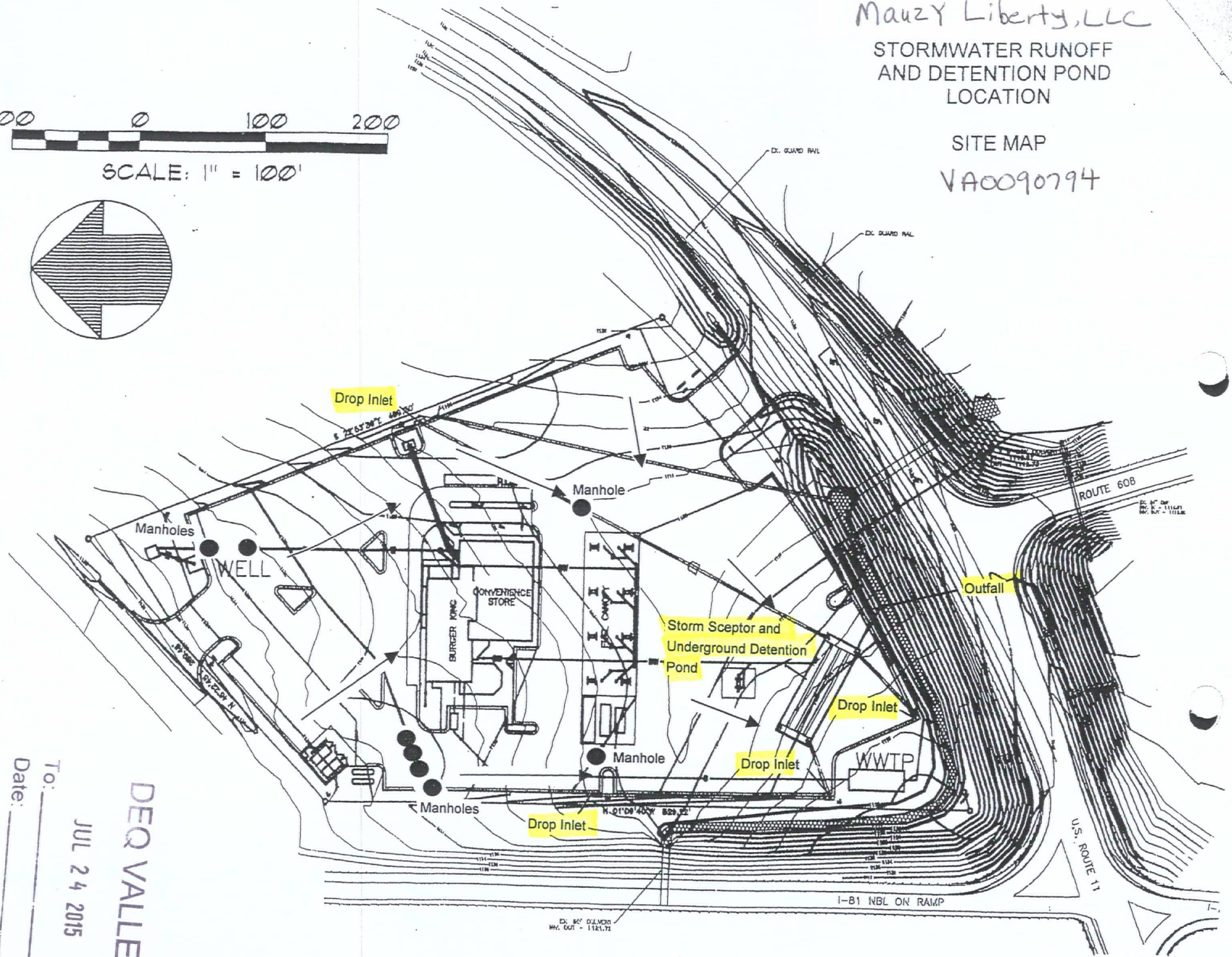
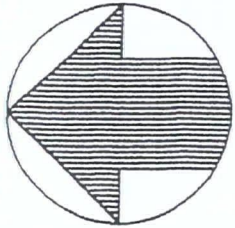
STORMWATER RUNOFF
AND DETENTION POND
LOCATION

SITE MAP

VA0090794



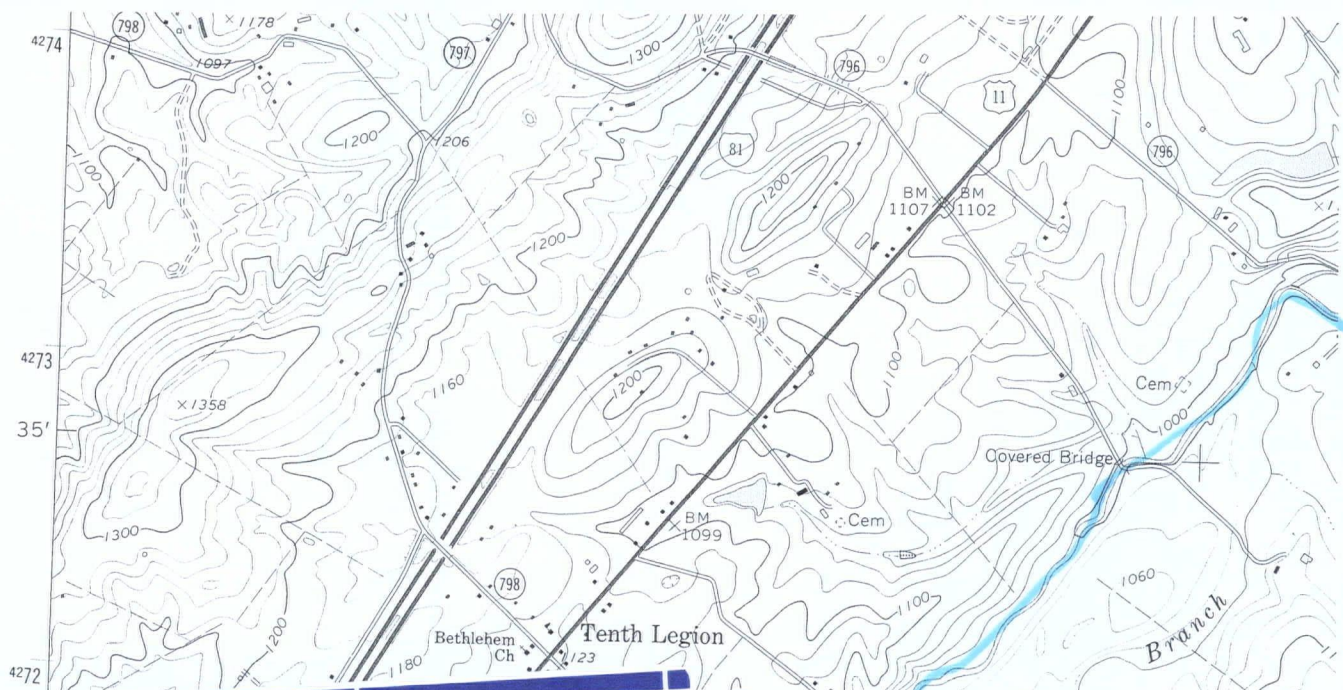
SCALE: 1" = 100'



DEQ VALLEY

JUL 24 2015

To: _____
Date: _____

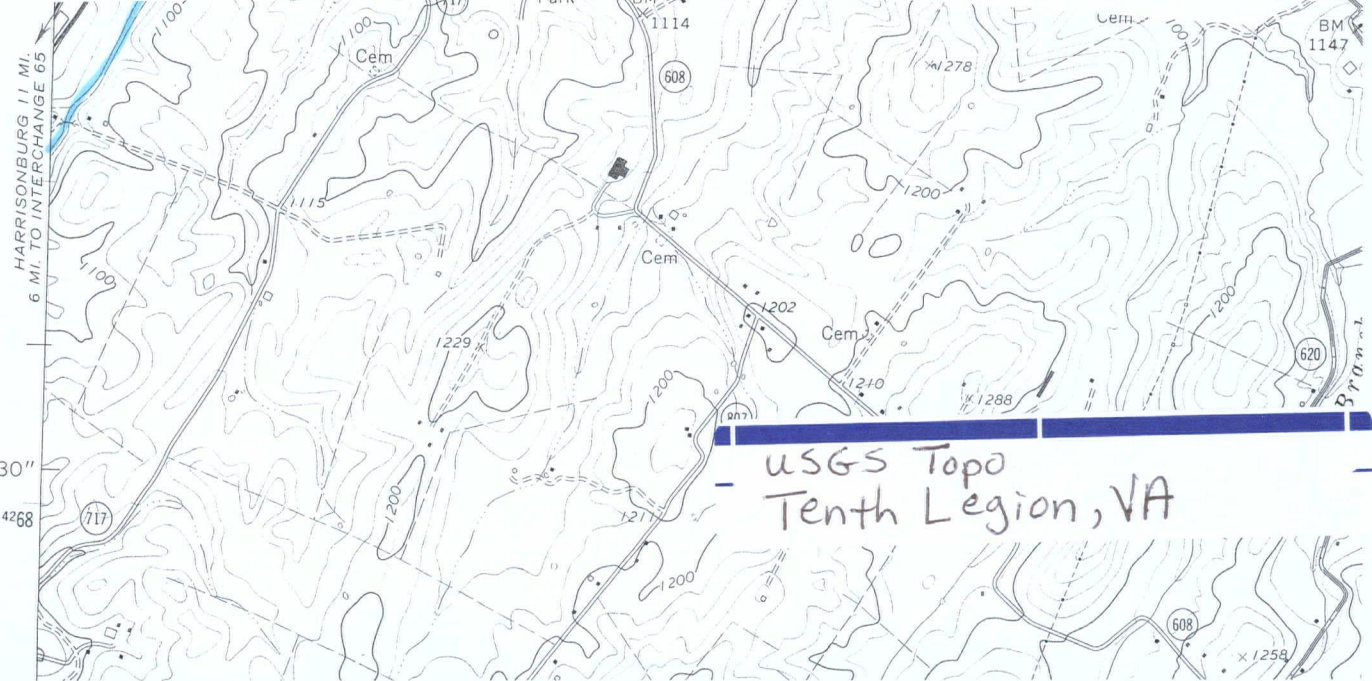


Mauzy Liberty LLC VA0090794
- Facility Location



Smith Creek

Stormwater discharge location
Mauzy Liberty STP Outfall 001 to Smith Creek



USGS Topo
Tenth Legion, VA

DEQ VALLEY
JUL 24 2015
To: _____

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Mauzy Liberty STP

VPDES Permit No: VA0090794

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

North River WWTF

b. Receiving Facility VPDES Permit No.

VA0060640

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge Contract land application; landfilling

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill? ☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk? ☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2. ☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3. ☐ Yes ☐ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

DEQ VALLEY

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No

If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title William B. Holtzman, President

Signature 

Telephone number / Email (540) 477-3131 / mbaker@holtzmanncorp.com

Date signed 7-22-15

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

DEQ VALLEY

JUL 24 2015

To: _____

Date: _____



HRRSA

www.hrrsa.org

P.O. Box 8
856 North River Road
Mt. Crawford, VA 22841
PH(540) 434-1053 • FX(540) 434-5160

MEMBERS

Bridgewater • Dayton • Harrisonburg
Mt. Crawford • Rockingham Co.

May 26, 2015

Mr. Mike Baker
Holtzman Oil Corporation
5534 N. Main Street
Mt. Jackson, VA 22842

RE: STP Sludge from Mauzy Liberty Burger King (VA0090794)

Dear Mr. Baker:

The Harrisonburg-Rockingham Regional Sewer Authority (HRRSA) will accept domestic wastewater treatment solids from the referenced facility in accordance with the following conditions:

- compliance with HRRSA's Operating Rules and Regulations & HRRSA's Waste Acceptance Rules and Regulations in effect at the time of transport
- provide independent analytical data on the solids for approval prior to transport
- provide certification that the material is "Non-Hazardous"
- payment of established treatment fees

The treatment of solids generated by "offsite sources" will be limited by operational and other considerations as necessary. We reserve the right to limit quantities and types of solids accepted.

If you have any questions, please contact Anita Riggleman at 540-434-1053, ext. 227 or by email at ariggleman@hrrsa.org.

Sincerely,

A handwritten signature in cursive script that reads "Sharon G. Foley".

Sharon G. Foley, P.E.
Executive Director

DEQ VALLEY

JUL 24 2015

To: _____
Date: _____